



EPA KEY CONTACTS FORM

OMB Number: 2030-0020
Expiration Date: 06/30/2024

Authorized Representative: *Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.*

Name:	Prefix: Mr.	First Name: Marcos	Middle Name:
	Last Name: Cenicerros	Suffix:	
Title:	Executive Director		
Complete Address:			
Street1:	37 S. Ashland Ave		
Street2:	First Floor		
City:	Chicago	State:	IL: Illinois
Zip / Postal Code:	60607	Country:	USA: UNITED STATES
Phone Number:	7733867495	Fax Number:	
E-mail Address:	marcos@warehouseworker.org		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Ms.	First Name: Krystal	Middle Name:
	Last Name: Garcia Centeno	Suffix:	
Title:	Operations and Finance Manager		
Complete Address:			
Street1:	37 S. Ashland Ave		
Street2:	First Floor		
City:	Chicago	State:	IL: Illinois
Zip / Postal Code:	60607	Country:	USA: UNITED STATES
Phone Number:	815-616-6370	Fax Number:	
E-mail Address:	krystal@warehouseworker.org		

Administrative Contact: *Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc).*

Name:	Prefix: Ms.	First Name: Elizabeth	Middle Name:
	Last Name: Foster	Suffix:	
Title:	Development Director		
Complete Address:			
Street1:	37 S. Ashland Ave		
Street2:	First Floor		
City:	Chicago	State:	IL: Illinois
Zip / Postal Code:	60607	Country:	USA: UNITED STATES
Phone Number:	567-203-9954	Fax Number:	
E-mail Address:	elizabeth@warehouseworker.org		

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Project Manager: *Individual responsible for the technical completion of the proposed work.*

Name: Prefix: **First Name:** **Middle Name:**
Last Name: **Suffix:**
Title:

Complete Address:

Street1:
Street2:
City: **State:**
Zip / Postal Code: **Country:**
Phone Number: **Fax Number:**
E-mail Address: